

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE
						APPLICANT(S)	
<b>CLAIMS</b>							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3		1		1			
4	1		1				
5		1		1			
6		1		1			
7		3		1			
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TOTAL IND.	2		2				TOTAL IND.
TOTAL DEP.	12		3				TOTAL DEP.
TOTAL CLAIMS	14		10				TOTAL CLAIMS